

Promoting a Drug-Safe Workplace

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I was asked earlier about C-SAPA. The acronym stands for Certified Substance Abuse Program Administrator, and I am now one of 92 such individuals in the United States. Very frankly, it's not much of a credential, because not only am I president of the commission, but I selected the 150 items in the first examination. I took this exam and only got 149 of them correct. I have no idea how I could miss one of those. I'm blaming the computer for making a scoring error, but that's the way it goes. The other 91 people, passed the written examination, and had to prove their experience and training for the credentials committee.

What is a drug-safe workplace? Well, earlier we were talking about a drug-free workplace, and I said to you there was no such thing. I do not believe that any of my 2,000 clients has a drug-free workplace. It is not because I am a failure, but rather, because I think the phrase is wrong. I and the rest of the NSA Cascade staff have been promoting the idea that we really want to get away from this concept of the drug-free workplace.

But we certainly do have a *drug-safe* workplace, one which aids in promoting awareness of all mind-altering drugs, not just illicit drugs and alcohol. It focuses on fitness for duty, rather than drug usage alone. You heard Jeff Thompson say that drug testing is not a drug-free workplace program. Well, it's not a drug-safe workplace program, either. It is simply one of many tools in our toolbox.

A drug-safe workplace program emphasizes supervisor training and employee education. It emphasizes it, and emphasizes it, and reemphasizes it. Some programs actually require that their supervisors pass a written test, and they have to keep going through the program until they can pass the test.

A drug-safe workplace program promotes rehabilitation. Yesterday, we heard Martin Gutfreund formerly from Tropicana, and now at Uniroyal, talk about their policy, which is basically that if you come forward on your own and admit that you have a problem, they will do everything they can to help you. But if they catch you on a random drug test, you're history. Sounds pretty tough.

Tropicana is doing all of this, and they are finding all these people, and they are showing them the door. Goodbye. And then they go over here to HR, and they say, "We need to replace 17 people that we just fired from our latest random drug testing." HR says, "No problem. We've got a ton of applicants." Well where are those applicants coming from? They're coming from companies just like Tropicana.

So what's happening? There's a lot of hiring and firing going on. There's a lot of drug testing going on. My company and companies like mine, we're getting rich doing all this drug testing. But what else is happening? Nothing. Nothing is happening to help Tropicana produce a truly safe, drug-free workplace. They're just replacing one problem worker with another. Nothing has happened in the communities made up of Tropicana employees, because none of those employees are getting well under Tropicana's program. And what is happening to our nation's drug problem? Nothing is happening, except that we are creating this vast sea of under-employable substance abusers that go from one job to the next, to the next, to the next.

So I submit to you that unless we have an aggressive program that promotes rehabilitation, we are not only failing to do the proper job, in our own enlightened self-interest, but we are doing nothing to help our local communities, counties, states, and our country.

If I have a criticism, and I have a few for the Federal government, it concerns this issue. In 1993 and 1994, when the Department of Transportation was drafting the regulations in response to the Omnibus Employee Act of 1991, it failed to mandate treatment for substance abusers. Under the regulations, persons who test positive on a drug or alcohol test, or who are engaged in prohibitive conduct, must see a substance abuse professional and follow their

recommendations before they can return to a safety-sensitive position. Treatment was judged to be too expensive.

I find that hard to believe, because in 1989, when these rules first came forward, the argument was that we were going to spend \$1 billion to regulate the Department of Transportation, for a savings of \$8 billion. Well, here we have an opportunity to spend wisely in rehabilitation. If you believe Merit's study, one dollar yields a return of seven dollars in terms of this kind of spending.

I'd like to talk about a drug-safe workplace where, during work hours, illicit drugs and alcohol are not used, prescription drugs are taken in a manner consistent with the prescribing, and the directions on over-the-counter drugs are followed. Alcohol is used off-duty, in a safe and sane manner. If I'm on a prescription drug that could impair my performance or I'm in a safety-sensitive function, I have a duty to myself, to my family, to my company, and to my co-workers to let somebody know, so that I don't have to work while impaired.

And if I need to be temporarily reassigned, or if I need to be off work, I will be, but I'm not so impaired that I can't do some work. I just don't feel like I can drive this forklift while I'm taking Percodan. So would you allow me to do something else, if there is an appropriate job that I can do?

I think that in the future we'll see an increased emphasis on integration of workplace education and supervisory training. We will see an increased prevalence of wellness intervention programs. I think that MCOs will see that it really is in their self-interest. It's similar to the argument in favor of rehabilitation.

We will see the utilization of new technology. We're seeing this now, to assist in the drug-safe workplace effort. This will include saliva drug testing, the sweat patch, rapid screen devices, and hair testing. I'm not convinced that hair testing and the rapid-screen devices are actually ready for the market, but we will certainly see more of that as we go along.

And I also believe that we will see school-based testing in a manner that preserves the confidentiality of the student and keeps the school itself out of the process. I was recently involved in drafting legislation that would set-up a fund for drug testing for 10 million American students, through a program that would have all results reviewed by a medical review officer. The results would go to the parents -- the schools would not get the results. Parents who are not in favor of the program could have their kids opt out of it.

As we continue to see substantial increases in first-time and continued drug-use in the 12-17 age group, we think that initiatives like this, which right now are controversial, will eventually become more and more accepted.

Q I have a question about for-cause testing. I'm a part of a large company that has a small percentage of employees who are regulated employees. Those who are regulated have random preemployment testing. But it's the for-cause testing that I'm curious about. Twice there has been an effort by a supervisor to initiate a for-cause test, and we were faced with the dilemma of not setting a precedent, because we don't do this sort of thing very often, and we've got both union and nonunion employees.

Often a company backs away from for-cause testing for fear that it's not going to hold up anyway, because it will be regarded as unfairly picking on that particular employee.

A For-cause testing is done when a person has specific, contemporaneous and tangible signs and symptoms related to impairment, such as alcohol on his or her breath, slurring of words, stumbling gait, and sleepiness.

By the way, probable cause is not the right term here. Some of our folks still like to use it. That's a higher legal standard. We think the reason our rates are better is because we intensively train our supervisors. We give them scripts, and we have them play the substance abuser; or we have one observer, and we have

them play the intervener. We demonstrate it for them and we make them do it.

Look at these national numbers. About 82 percent of the time the test results are negative. Does that mean that I was wrong because I made you go in for a "for-cause" test? No. Not if I adhere to the standard protocol, which makes a lot of sense. Remember, under DOT you're only testing for five drugs, and the cut-offs aren't even that sensitive.

Jeff, did you want to add something?

Jeffery Thompson:

I think the managers are frustrated. The difficulty is that managers have a rapid turnover, and they just don't do interventions very often. And I would challenge you, as researchers, if you haven't done an intervention, to role-play it once to see how difficult it is.

Dr. Springel:

But effective training can lead to effective interveners. It's not that hard, once you've had the training.

Q It seems to me that you unfairly portrayed the Tropicana program that was presented yesterday. It is not a one-strike-and-you're-out program. They have demonstrated a substantial decrease in turnover rates with employees over time with that program. I just thought that I should point out that it is not as you presented it.

A If I've misrepresented it, then let the correction stand. I appreciate that.